## ANNUAL OPERATIONS REPORT WORKSHEET

THIS REPORT COVERS THE PERIOD OF JAN. 1 - DEC. 31, 2008

DATE EMAII	COURT(S):  DURT(S) I.D.:  EPARED BY:  PREPARED:  _ ADDRESS:  LEPHONE #:  JUDGE(S):			THE STATE OF THE S	O INDIA			
	CPO:			STATE CO	ATION			
1.	Is your probation dep	artment the only probati	on department in	your county?				
		YES	NO	_				
2.	If the answer to quest	ion (1) is no, what other	court(s) have prol	oation departmer	nts?			
3.	Does your departmen	t request and submit to	the county counci	l a budget separa	ate from your court	?		
		YES	NO	_				
NOTE:	•	on (3) above is yes, your do get with the Indiana Suprer d at: www.in.gov/judiciary/	ne Court indicating	the appropriate p	•	<b>S</b> .		
4.	the total amount of or	filing a separate report of perational expenses of year report, except for the sa	our probation department	artment last cale s listed in questi	ndar year as you ha			
5.	to the best of your inf	es NOT file a separate R formation, the total amou ar, except the salaries an	int of operational	expenses for you				
6.	Please list the following: (1) position or title of the Chief Probation Officer and position or titles of all other probation officers, clerical personnel, and other persons employed by the probation department; (2) yearly salary or wage spent on each position during the preceding calendar year regardless of whether funds come from appropriations or user fees; (3) the total number of employees being compensated at this yearly salary or wage; (4) salary in column 2 multiplied by the number of employees indicated in column 3; and (5) whether the position is full or part time.  NOTE: Please list the position or title in appropriate category, not the name of the employee.							
	(1)	(2)	(3)	(4)	(5)			
	Title/Position	Salary	Number of Employees	Total of Salaries/ Benefits	Full/Part Time (Y/N)			
	Chief Probation Officer	:		\$ -				

6.	` '	(2)	(3)	(4)	(5)			
Cont	:. Title/Position	Salary	Number of Employees	Total of Salaries/ Benefits	Full/Part Time (Y/N)			
	Other Probation Officers:							
				\$ -				
				\$ -				
			·	\$ -				
				\$ -				
				\$ -				
				<u> </u>				
	Clerical Personnel:							
				\$ -				
				\$ -				
				<u> </u>				
	Other Personnel:							
				\$ -				
				\$ -				
				\$ -				
	Fringe Benefits:							
	Total of fringe benefits paid for sala	aried employees	<b>&gt;</b>	\$ -				
			Total	\$ -				
			10.01	Ψ				
7.	What office(s) in your county co	-						
	Probation Dept. Other (please specify)	_	Clerk's Office		<u> </u>			
8.	Regardless of where restitution of department during the 2008 cale	endar year?	what is the total	amount that was	collected for your			
9.	What is the total number of felons, misdemeanants and juveniles under probation supervision with your department?							
	Each department should conduct an actual count of persons ( <b>not cases</b> ) on probation supervision on December 31, 2008. (This total should match the supervisions pending at the end of the fourth quarter for the felony, misdemeanor and juvenile reports.)							
	On December 31, 2008 how many your probation department?		,	·	•			
	FelonsMi	sdemeanants _		Juveniles_				
	The probation expenditures reflected on this report should be consistent with the probation expenditures reflected on the court's Report on Court Expenditures and Budget. Before submitting your report, please verify the figures reported on this form with the figures reported on the court's Report on Court Expenditures and Budget.							
	Copies of this worksheet are also available on-line at:							
	=		ary/admin/courtm					

To obtain your password, please contact the JTAC Helpdesk at 1-888-275-5822